

FY 2009/10

STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

Page 1 of 1 Pages

CLAIMANT'S NAME Brian J. Stiger / 00		SSN or EMPLOYEE NUMBER On File 616-150		DEPARTMENT Consumer Affairs	
POSITION Director	CB/ID No. Exmpt E99	DIVISION or BUREAU Executive Office		INDEX NUMBER 8201 ✓ 70201	
RESIDENCE ADDRESS SARNE AS HQ		HEADQUARTERS ADDRESS 1625 North Market Blvd, Suite S308		TELEPHONE NUMBER 574-8200	
CITY SACRAMENTO	STATE CA	ZIP CODE	CITY SACRAMENTO	STATE CA	ZIP CODE 95834

(1) NORMAL WORK HOURS
0800-1700

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.550 ✓

(4) MONTH/YEAR 10/09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L.T., N/C, R.L.O. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
10/13	0800-1900	Sacramento - Los Angeles & return PC					8.21	PC a, re	15.00		0.00		23.21
10/16	0500-1600	Sacramento - Los Angeles & return PC					9.97	PC a, re	27.00		0.00		36.97
10/26	0500-1730	Sacramento - Los Angeles & return PC						PC a, re	15.00		0.00		15.00
10/30	0445-1900	Sacramento - San Diego & return PC						PC a	15.00		0.00		15.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	0.00	18.18	PC PC	72.00	0.00	0.00	90.18

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$90.18

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/13 - Travel to CSLB Norwalk Office for presentation/meeting & return to Sac
 10/16 - Attend 2nd day CAPPS Conference (agenda attached) & return to Sac
 10/26 - Attend Athletic Commission meeting in Los Angeles & return to Sac
 10/30 - Attend Medical Board meeting in San Diego & return to Sac

8201 70201
 296 100.00
 297 30.18

AGENCY/ACCOUNTING/OFFICE USE ONLY	
PAID BY REVOLVING FUND CHECK NUMBER 172-416130	
\$ 90.18	
12.16.09	

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLERK SIGNATURE	DATE 11/09/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE 11/19/09
SIGNATURE and TITLE (See Item 17 on reverse)		DATE	